

341 Market.

Paper Mount 1828

An

Inaugural essay  
on

Acute Peritonitis

For the degree of Doctor of medicine  
in the

University of Pennsylvania

by

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of

North Carolina

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Peritonitis is, as its name indicates, an inflammation of the Peritoneum.

This inflammation may be divided into acute and chronic forms. It is the Acute Peritonitis of which I propose to treat symptoms. - It comes on with chills and shivering which are attended with pain in the back and loins, and are in a short time followed by fever. The period of the cold stage is exceedingly indefinite, sometimes terminating soon, at other times not until a day or two. The surface cold and collapsed, the pulse small, quick, and chorded and well calculated to deceive. But from the commencement, there are symptoms which cannot fail to awaken suspicion. There is a sense of heat and pain in the abdomen; sometimes confined to one place, though more commonly diffused;

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extending itself over the whole  
By pressure the pain is generally augmented and a tenderness exists in every part of the abdominal parietes.  
Even at this early period the patient complains of thirst and dryness of the tongue and fauces. At this stage of the disease there are nausea and vomiting and constipated bowels. These are the ordinary symptoms at the commencement of <sup>an</sup> attack: But, in 12 or 24 hours, or even at a shorter time, the tenderness of the abdomen is so much increased, that the pressure of the bed clothes can hardly be borne by the patient. The pulse has a contracted feel and beats from 100 to 120 or 130 times in a minute. The tongue becomes incrusted, and a considerable augmentation of the tension and swelling of the belly is

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apparent. Examined at this stage the patient will be found lying on his back with his knees drawn up.

The reason is obvious. By this posture the weight of the intestines &c. is thrown on the back, and the abdominal muscles are relaxed by which much relief is afforded: and one of the first symptoms of approaching convalescence, is the extending by the patient, his lower extremities. As the disease advances all the symptoms increase, especially the ~~temperature~~ tumefaction of the abdomen. At this stage it is not uncommon, for the pain which before was excessive suddenly to cease. But we should not construe this circumstance into an auspicious omen. It is always the forerunner of death. When, on the contrary, the symptoms subside gradually it is

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a proof that our remedies are effecting  
a cure. Contemporaneously, or nearly so,  
with this sudden subsidence of pain,  
there is great sinking of pulse, so  
much so, that it can scarcely be coun-  
ted, and a vomiting of dark matter,  
or rather an expulsion of it by dis-  
gultus or a spasmodic action of the  
stomach. Cold clammy sweats now  
break out; the extremities are cold  
and withered; the countenance collapsed  
and haggard; difficult and laborious  
respiration mark the closing scene of life.  
These are the ordinary symptoms. -  
But the disease has been known  
to run its course, terminating in  
gangrene, without any of the symptoms  
of inflammation. This disease is pro-  
duced by varieties of temperature, as  
cold succeeding to heat, by infiltration

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of fluids into the peritoneal coat, blood,  
or any violence done to the abdomen.

Diagnosis. Generally it requires much nicety  
of discrimination to distinguish this disease  
from other inflammations of the abdomen.

In peritonitis there is no inclination to  
go to stool, and not the slightest  
mitigation of the symptoms by the  
most copious alvine evacuations. The  
patient generally lies on his back with  
his feet drawn up: the pain also is  
more steady than in colic, and more  
urgent and lancinating, than in Enteritis.

In colic the pain is mitigated by  
pressure and the patient lies on his  
belly. When the pain gradually sub-  
sides, and there is a gradual abate-  
ment in the violence of ~~all~~ the sym-  
ptoms, the prognosis is favourable. One  
of the most favourable, is the patient

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being able to extend his lower extremities, and never favourable unless gradual. On the contrary, should the pain suddenly cease, the pulse become weak and fluttering, the skin cold and clammy, the countenance haggard, the mind wandering, we may conclude that gangrene has taken place, and death will probably be the result. -

Defecation presents the phenomena of inflammation and its consequences.

extravasations, effusions of serum, coagulable lymph, and finally pus.

Gangrene is also common, though ulceration never takes place in recent cases, the pus is scented by the exhalant vessels of the membrane.

Treatment. - In the early stage of the disease it would be proper to urge the lancet as far as possible, consistently,

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with the strength and other circumstances  
of the patient. The pulse should not  
generally be taken as a guide, as it  
is often depressed and feeble in direct  
proportion to the violence of the attack:  
so it arises as we deplete with the  
lanceet. There is a case of inflam-  
mation rapid in its progress, and if  
not speedily arrested, inevitably fatal.  
Keeping this circumstance in view, we  
should take 25 or 30℥ of blood at the  
bleeding, and should this not be produc-  
tive of relief, we should repeat the  
operation to the same extent in the  
course of the day. Dr Chapman has  
taken from 60 to 70 ounces of blood  
in the course of the ~~day~~ from a  
person labouring under Peritoneal inflam-  
mation and he does not believe that  
any would have answered.

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But simple depletion by the lancet  
will not entirely effect a cure...  
EITHER from the <sup>peculiarities</sup> of the  
inflammation, or from the seat of the  
disease being in the capillaries of the  
membrane general bleeding fails. -  
It keeps the disease under, though it  
cannot interpolate or completely cure it  
when it is found that the lancet  
does not eradicate the complaint it  
will be advisable to use topical bleeding  
by leeches or cups to the abdomen,  
taking away as much blood as can  
be detracted by this means. Blisters  
are useful auxiliaries when properly  
timed. They are always mischievous  
if applied in the commencement of  
the disease. They should be uniformly  
preceded by the use of worm fomen-  
tations to the abdomen, and a good



deal of direct depletion. The best mode  
in which the ferment can be affected  
is by bread and milk poultices laid  
over the whole abdomen, or, what  
succeeds very well, common musk. plaist  
in a bag, which should be moderately  
full, so that it may adapt itself to  
the contour of the belly. Cloths wrung  
out of hot water and applied are  
very good. In place of warm fomenta-  
tions, cold applications have been pro-  
posed but are not very serviceable. -  
The bowels should be kept in a  
salubrious condition, either by mild  
laxatives or by the use of enemas.  
When the latter articles are employ-  
ed they should be composed of  
mild ingredients, and administered in  
large quantities, so as to act as fomen-  
tations to the intestines. Depletion

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having, failed, the next measure is  
to excite copious perspiration. This  
often operates as a charm in peritoneal  
inflammation. Diaphoretics in this case,  
act by giving a centrifugal direction  
to the circulation, thereby, drawing off  
blood from the capillaries of the  
peritoneum, and to determine it to  
the surface of the body. To induce  
perspiration, we should confide most  
in the external means. The vapour  
bath, is superior to all others. -  
The operation of this should be  
promoted or assisted by the internal  
use of diaphoretics of which Opium  
stands first. The best, is perhaps  
Dover's powder. The disease not being  
arrested, we have the sinking condition.  
Combinations of Opium and Colomet have  
done much good; but the spirits of

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serpentine much more. It is a disease of great danger. In most cases it is well marked from the beginning; but sometimes irregularities occur, which are apt to mislead the practitioner and direct him from the use of those remedies by which it should always be managed. Now and then in the earliest stage, there is so great prostration, and the pulse so feeble, as to induce an apprehension that the patient is too debilitated to admit of direct depletion. This is generally considered a case of depression or in other words, the disease is locked up in the system. But the vital system is so depressed by the overwhelming force of the disease, that there is danger of the system not reacting; and if blood be drawn away to any

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extent, it would do harm it  
not destroy the patient. In cases  
of this <sup>kind</sup> nature, we must endeavour  
to rouse the energy of the system;  
and for this purpose the warm  
bath, diaphoretics and small and repea-  
ted bleedings should be performed.

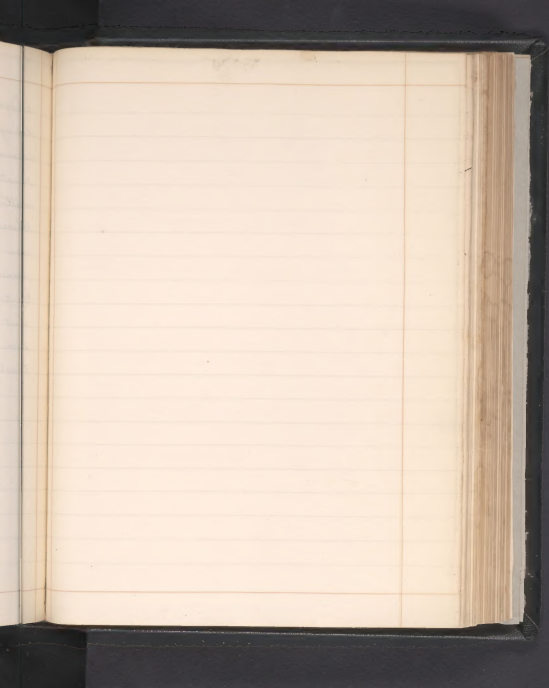
After a while the case becomes more  
developed, and then with perfect safety  
and even great advantage, we may  
resort to the more copious use of  
the lancet and its auxiliaries.

It sometimes happens that the dis-  
ease is sufficiently marked in the  
first stage to awaken us to a sense  
of its danger. It comes on with  
a slight tenderness of abdomen, little  
or no fever, and a pulse not very  
different from its natural condition,  
being, rather quicker and very slightly

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chorded. The system becomes suddenly depressed, the pulse sinks, the surface becomes covered with a cold clammy sweat, and a discharge of blackish matter takes place from the stomach. These cases require the warm bath, and afterwards venesection and its auxiliaries. Rest in horizontal position. Diet. The patient should take nothing but mucilaginous and demulcent drinks such as Barley water, gum arabic water, toast water, rice water &c.







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